Hillsborough County Florida

Access to Protected Health Information (PHI) for Law Enforcement

Directions: This form is to be used whenever there is a request for access to an individual's protected health information for law enforcement purposes. The form should be filed with the patient's records and logged into the HIPAA SharePoint for recordkeeping.

Read this page carefully and sign the access request to confirm that you understand its content.

Date: _____

Provide the Name, Title, Organization, and Phone Number of Person Making Request:

_____

_____

_____

We are requesting records for:

Individual's full name: _____

SSN or other patient identifier: _____

Description of Information Requested: _____

_____

_____

This request of protected health information is:

☐ Required and limited by law. Legal citation_____. A description of the PHI requested is attached. If a current copy of the law is not attached, Hillsborough County may need extra time to verify the requirements and limits of the law.

☐ In compliance with the attached administrative request, such as an administrative subpoena or summons, a civil investigative demand, authorized investigative demand, or similar process authorized by law that:
  - Is relevant and material to a law enforcement inquiry; and
  - Limits the amount of PHI requested to only what is reasonably necessary for this purpose; and
  - Cannot be de-identified (stripped of all information that would reveal the individual's identity).

☐ Because Hillsborough County has reason to believe that a person or the public will be harmed, and is providing this information to someone who can reasonably prevent it.

☐ About an individual who appeared to Hillsborough County to be an escaped inmate and Hillsborough County is providing information that is necessary to identify or apprehend the individual.

☐ About a crime Hillsborough County learned about while providing emergency health care services, and is reporting it and its location to law enforcement officials along with information to help them determine the perpetrator's identity, description and/or location.

☐ In regard to a crime that occurred on Hillsborough County premises and Hillsborough County believes that the information it is providing is evidence of that crime.

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☐ About the victim of a crime per the request of a law enforcement official; and

☐ Written permission from the victim to disclose PHI for this purpose is attached; or

☐ Written permission from the victim could not be obtained because of the victim's incapacity or due to emergency circumstances. The law enforcement entity accepting/requesting this PHI believes that the crime was committed by someone other than the victim and the PHI will not be used against the victim. Immediate law enforcement activity depends upon this PHI and such activity will be adversely affected without it. Hillsborough County can withhold this PHI from a requestor if Hillsborough County believes that providing it is not in the best interest of the victim.

☐ To a corrections or law enforcement official who states that PHI about an inmate in their custody is necessary to:

  ☐ Provide health care to the inmate; or

  ☐ Ensure the health and safety of inmates, corrections staff or transport staff; or

  ☐ Administer law enforcement, safety, security and good order at the correctional institution.

☐ About a statement heard by an employee of Hillsborough County from or about someone who participated in a violent crime that may have caused serious physical harm to someone. An account of the statement will be included with this disclosure. However, this information cannot be revealed about a patient if it was obtained while the patient was receiving or requesting treatment such as counseling or therapy for the kind of behavior that resulted in a violent crime or physical harm.

Print name of requestor: _____

Original signature of requestor: _____

Date: _____

Verification of requestor identity: _____

Verification of requestor authority (if applicable): _____

For Hillsborough County Staff:

Mark the information below that is being disclosed.

Hillsborough County will provide only the information required by the blanks below.

☐ Name _____

☐ Address _____

☐ Birth date and birth place _____

☐ Social Security number _____

☐ ABO blood type and Rh factor _____

☐ Type of injury _____

☐ Date _____ and time _____ of treatment.

☐ Distinguishing characteristics _____

Name and Date Received: _____